## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450
or Fax (571)-273-2885

INSTRUCTIONS: This f appropriate. All further co- indicated unless corrected maintenance fee notification	i below or directed oth	or transmitting the ISSU g the Patent, advance of erwise in Block 1, by (a	i) specifying a new corres	ondence address;	and/or	(b) indicating a separ	rate "FEE ADDRESS" for	
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)				Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.  Electronic				
20575 MARGER JOH 210 SW MORRIS PORTLAND, OR	I her State addr	Certificate of Mailing or/Transmission  I hereby certify that this Fee(s) Transmittal is being deposited with the Unitee States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.						
				Vanet Sul	1/1 v	an	(Depositor's name)	
				anet,	Le	llevan	(Signature)	
			L.s	ctober 9(	2006	) )	(Date)	
APPLICATION NO. FILING DATE			FIRST NAMED INVENTOR	OR ATTOF		NEY DOCKET NO.	CONFIRMATION NO.	
09/698,779 TITLE OF INVENTION:	10/27/2000 A SMART SECRETAR	RY FOR ROUTING CAI	Peter Michael Gits LL OBJECTS IN A TELEP	HONY NETWOR	K	2705-137	7155	
APPLN, TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PATD ISSUI	E FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1400	\$0	\$0		\$1400	10/19/2006	
EXAMINER		ART UNIT	CLASS-SUBCLASS	CLASS				
BATES, KEVIN T		2155	709-238000					
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.  3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been firecordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.  (A) NAME OF ASSIGNEE  Cisco Technology, Inc.  2. For printing on the patent front page, list Marger (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered patent attorneys or agents. If no name is listed, no name will be printed.  3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been firecordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.  (A) NAME OF ASSIGNEE  Cisco Technology, Inc.  San Jose, California								
Please check the appropria	ate assignee category or	categories (will not be pr	rinted on the patent):	Individual 🚨 Co	orporatio	on or other private gro	up entity Government	
4a. The following fcc(s) ar  ☑ Issue Fee ☐ Publication Fee (No ☐ Advance Order - #		A check is enclosed.  Payment by credit card *** ********************************						
5. Change in Entity Statu  a. Applicant claims	SMALL ENTITY statu	s. See 37 CFR 1.27.	☐ b. Applicant is no long	_			, . ,	
NOTE: The Issue Fee and interest as shown by the re	Publication Fee (if requeecords of the United State	nired) will not be accepte tes Patent and Trademark	d from anyone other than the Office.	e applicant; a regi	stered at	ttorney or agent; or the	e assignee or other party in	
Authorized Signature _	Authorized Signature Julie L. Rud			Date 10-9-06				
Typed or printed name			MARKON AND THE	Registration No. 35, 349				
This collection of informal an application. Confidentia submitting the completed this form and/or suggestio Box 1450, Alexandria, Vir	tion is required by 37 C ality is governed by 35 application form to the ons for reducing this bur rginia 22313-1450. DO	FR 1.311. The informatic U.S.C. 122 and 37 CFR USPTO. Time will vary den, should be sent to the NOT SEND FEES OR	on is required to obtain or r 1.14. This collection is est depending upon the indiv e Chief Information Office COMPLETED FORMS TO	etain a benefit by t mated to take 12 1 dual case. Any co r, U.S. Patent and THIS ADDRESS	he publi- ninutes omments Tradems S. SEND	c which is to file (and to complete, including on the amount of tin ark Office, U.S. Depa TO: Commissioner f	by the USPTO to process) g gathering, preparing, and ne you require to complete rtment of Commerce, P.O. or Patents, P.O. Box 1450,	

Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.